

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAII STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly) PARTI LOBBYIST NAME(Last) (First) TELEPHONE (Middle) SHAW PATRICK L (808) 221-1880 MAILING ADDRESS (Street) FAX 998 ALA KAPUA STREET (808) 239-1271 (City) (State) (Zip Code) HONOLULU HI96818-2335 EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) **TELEPHONE** MAILING ADDRESS (Street) FAX (City) (State) (Zip Code)

PART II ORGANIZATIO	N						
NAME OF ORGANIZATION YOU	TELEPHONE (604) 681-9515						
NORTH WEST CRUISESHIP ASSOCIATION							
MAILING ADDRESS (Street)	FAX (604) 681-4364						
	·						
100-1111 W. HASTINGS STREET							
(City)	(State)	(Zip Code)					
VANCOUVER	BRITISH COLUMBIA, CANADA	V6E-2J3					
NAME OF PERSON RESPONSIBLE	TATEMENT TELEPHONE						
Donna Spalding , Direc	604-681-9515						
MAILING ADDRESS (Street)							
MAILING ADDRESS (Street)		FAX					

(City)

(State)

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بي	v	v	v

(Zip Code)

Vancouver	British Col	lumbia, Canada	V6E 2J3
PART III DESCRIPTION	OF SUBJECTS UPON WHIC	H YOU EXPECT TO LOBBY	
[ ] Agriculture	[ ] Education	[ ] Human Services	[X] Science, Technology & Economic Development
[ ] Communications & Public Utilities	[X ] Government Operations & Finance	[X] Intergovernmental Relations, International Affairs	[ X ] Tourism & Recreation
[ ] Consumer Protection & Commerce	[ ] Hawaiian Affairs	[ ] Labor & Employment	[X] Transportation
[ ] Culture, Arts, Historic Preservation	[ ] Health	[ ] Ptanning, Land & Water Use Management	[ ] Other: (indicate below)
[X] Ecology, Energy Environmental Protection	[ ] Housing	[ ] Public Safety & Corrections	
	ON OF LOBBYIST		
I hereby certify that th	e information furnished above	is, to the best of my knowledge	e, correct and complete.
	Pati I. Mus-	<del></del>	2/9/2006
	(Signature of Lobbyist)		(Date)
PART V AUTHORIZATI	ON TO LOBBY		
NAME		TITLE OF AUTHORIZING OFFICE	CER OR PERSON REPRESENTED
John Hansen		President	
NAME OF ORGANIZATION (if a	NAME OF ORGANIZATION (if applicable)		TELEPHONE
North West CruiseShip Association		`	604-681-9515
MAILING ADDRESS (Street)			FAX
	stings Street, Vancouver,	, BC V6E 2J3	604-681-4364
(City)	(State)	(Zip Co	de)
I hereby zothorize the	above - named person to end	gage in lobbying activities on be	ehalf of the undersigned.
Marsi	M		January 31, 2006
(Sign	(Signature of Authorizing Officer or Person Represented)		(Date)
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